

NOTICE OF MATERIAL CHANGE

Date of Notice: May 6, 2014

1.	Name:	Lawrence General Hospital				
2.	Federal TAX ID #	MA DPH Facility ID #		NPI #		
	04-2103586	2099		1750381281		
Contact Information						
3.	Business Address 1:	1 General Street				
4.	Business Address 2:					
5.	City:	Lawrence	State:	MA	Zip Code:	01842-0389
5.	Business Website:	http://www.lawrencegeneral.org/				
7.	Contact First Name:	Dianne		Contact Last Name:	Anderson	
8.	Title:	President and CEO				
9.	Contact Phone:	978-683-4000		Extension:		
10.	Contact Email:	DJA@lawrencegeneral.org				
Description of Organization						
11.	<i>Briefly</i> describe your organization.					
	<p>Lawrence General Hospital (“LGH”) is a non-profit community hospital with 189 acute care beds located in Lawrence, Massachusetts. Serving nearly 300,000 patients annually from the Merrimack Valley and southern New Hampshire, LGH’s mission is to deliver comprehensive health care to patients by ensuring access to high-quality and high-value care, the latest technologies and caring, personalized treatment. A designated Level III Trauma Center, LGH has one of the busiest emergency departments in Massachusetts and offers full service obstetrics, as well as interventional radiology and women’s health.</p> <p>LGH offers patients access to more than 500 local providers, including primary care and many specialists. Most of these physicians are members of LGH’s ChoicePlus PHO. The ChoicePlus PHO, established by LGH over 20 years ago, provides members with access to health plan contracts, credentialing services, and other supports. ChoicePlus PHO members include physicians from the Greater Lawrence IPA d/b/a ChoicePlus IPA and independent physicians from the greater Essex area, two groups which have been participating providers in Beth Israel Deaconess Physician Organization, LLC, d/b/a Beth Israel Deaconess Care Organization (“BIDCO”) for a number of years. Additionally, LGH has current clinical affiliations with Beth Israel Deaconess Medical Center (“BIDMC”) and Floating Hospital for Children at Tufts Medical Center for the provision of certain tertiary care services. As the Merrimack Valley’s leading regional health care system, LGH is committed to enhancing the delivery and coordination of care, and to improving health outcomes for patients and communities served.</p>					
Type of Material Change						
12.	Check the box that most accurately describes the proposed material change:					

	<input type="checkbox"/> Merger or affiliation with a carrier <input type="checkbox"/> Acquisition of or acquisition by a carrier <input type="checkbox"/> Merger with or acquisition of or by a hospital or a hospital system <input checked="" type="checkbox"/> Any other acquisition, merger, or affiliation between a provider organization and another provider organization where such acquisition, merger, or affiliation would result in an increase in annual net patient service revenue of the provider or provider organization of more than \$10,000,000 <input type="checkbox"/> Any clinical affiliation between a provider or provider organization with another provider or provider organization which itself has an annual net patient service revenue of more than \$25,000,000 <input type="checkbox"/> Formation of a partnership, joint venture, common entity, accountable care organization, or parent corporation created for the purpose of contracting on behalf of more than one provider or provider organizations	
13.	What is the proposed effective date of the proposed material change?	60 days from the date of this filing or sooner if notified by HPC
Material Change Narrative		
14.	<i>Briefly</i> describe the nature and objectives of the proposed material change:	
	<p>Lawrence General Hospital (“LGH”) is the primary community hospital caring for patients of ChoicePlus PHO members, which include the Lawrence General IPA physicians (d/b/a Choice Plus IPA) and other independent community physicians who have been participating providers in BIDCO for a number of years. This new agreement with BIDCO will allow LGH and such physicians to join in BIDCO’s risk sharing arrangements. Through this arrangement, patients will also have access to better coordinated care from their primary care provider to the local hospital, and, if necessary, to specialty care.</p> <p>LGH intends to join BIDCO as a participating provider as of 60 days from the date of this filing or sooner if notified by HPC (“Effective Date”), for the purpose of aligning risk among LGH and its physicians and other BIDCO participating providers, and implementing shared care management programs that are described above across all BIDCO participating providers. After the Effective Date, LGH will join BIDCO risk contracts as such contracts come up for renewal. BIDCO will also negotiate LGH’s non-risk contracts as those contracts come up for renewal. Although LGH will be new to BIDCO, it has a longstanding clinical affiliation with BIDMC that has been in place since March 2011.</p> <p>Once LGH is a participating provider in BIDCO, the care management staff of LGH’s ChoicePlus PHO will work in collaboration with the BIDCO care management staff to support efficient and effective management of patients and increased coordination and quality of care. LGH will also have access to other care management programs and best practices which will be integrated across the BIDCO network.</p>	
15.	<i>Briefly</i> describe the anticipated impact of the proposed material change:	
	<p>Including LGH (the local hospital for the Lawrence General IPA physicians and other BIDCO participating physicians in the area) in the BIDCO provider network will allow for more effective management of medical cost trends in the local market through improved hospital/physician collaboration, which will allow payors to maintain lower premium increases for the benefit of health care consumers. In addition, sharing clinical information through EHRs across the network promotes better management of patient health, both in terms of cost and quality of care provided. When providers are working together using similar processes, accessing uniform systems, and following coordinated care pathways and protocols, quality can be improved and costs can be better controlled.</p>	
Development of the Material Change		
16.	Describe any other material changes you anticipate making in the next 12 months:	
	There are no other anticipated material changes (as defined in HPC Bulletin 2013-01) which will be made in the next 12 months.	
17.	Indicate the date and nature of any applications, forms, notices or other materials you have submitted regarding the proposed material change to any other state or federal agency:	
	None.	

Affidavit of Truthfulness and Proper Submission

I, the undersigned, certify that:

1. I have read the Health Policy Commission Bulletin 2013-1, **Interim Guidance for Providers and Provider Organizations Relative to Notice of Material Change to the Health Policy Commission**.
2. I have read this Notice of Material Change and the information contained therein is accurate and true.
3. I have submitted the required copies of this Notice to the Health Policy Commission and to all relevant agencies (see below*) as required.

Signed on the 6th day of May, 2014, under the pains and penalties of perjury.

Signature: 

Name: Dianne Anderson

Title: President and CEO, Lawrence General Hospital

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:


Notary Signature



ARLENE C. MOWER
Notary Public
Commonwealth of Massachusetts
My Commission Expires
July 27, 2018

Copies of this application have been submitted electronically as follows:

Office of the Attorney General (1)

Center for Health Information and Analysis (1)

EXPLANATIONS AND DEFINITIONS

1.	Name	Legal business name as reported with Internal Revenue Service. This may be the parent organization or local provider organization name.
2.	Federal TAX ID #	9-digit federal tax identification number also known as an employer identification number (EIN) assigned by the internal revenue service.
	MA DPH Facility ID #	If applicable, Massachusetts Department of Public Health Facility Identification Number.
	National Provider Identification Number (NPI)	10-digit National Provider identification number issued by the Centers for Medicare and Medicaid Services (CMS). This element pertains to the organization or entity directly providing service.
3.	Business Address 1:	Address location/site of applicant
4.	Business Address 2:	Address location/site of applicant continued often used to capture suite number, etc.
5.	City, State, Zip Code	Indicate the City, State, and Zip Code for the provider organization as defined by the US Postal Service.
6.	Business Website:	Business website URL
7.	Contact Last Name, First Name	Last name and First Name of the primary administrator completing the registration form.
8.	Title:	Professional title of the administrator completing the registration form.
9.	Contact Telephone and Extension	10-digit telephone number and telephone extension (if applicable) for administrator completing the registration form
10.	Contact Email:	Contact email for administrator
11.	Description of Organization:	Provide a brief description of the notifying organization's ownership, governance, and operational structure, including but not limited to provider type (acute hospital, physician group, skilled nursing facilities, independent practice organization, etc.), number of licensed beds, ownership type (corporation, partnership, limited liability corporation, etc.), service lines and service area(s).
12.	Type of Material Change	<p>Indicate the nature of the proposed material change.</p> <p><i>Definitions of terms:</i> "Carrier", an insurer licensed or otherwise authorized to transact accident or health insurance under chapter 175; a nonprofit hospital service corporation organized under chapter 176A; a nonprofit medical service corporation organized under chapter 176B; a health maintenance organization organized under chapter 176G; and an organization entering into a preferred provider arrangement under chapter 176I; provided that this shall not include an employer purchasing coverage or acting on behalf of its employees or the employees of 1 or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term "carrier"</p>

		<p>shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or visions care services.</p> <p>“Hospital”, any hospital licensed under section 51 of chapter 111, the teaching hospital of the University of Massachusetts Medical School and any psychiatric facility licensed under section 19 of chapter 19.</p> <p>“Hospital System”, a group of affiliated entities that includes one or more Hospitals that are overseen by a common entity or parent corporation.</p> <p>“Net patient service revenue”, total revenue received for patient care from any third party payer net of any contractual adjustments.</p> <p>“Provider”, any person, corporation, partnership, governmental unit, state institution or any other entity qualified under the laws of the commonwealth to perform or provide health care services.</p> <p>“Provider organization”, any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not that represents 1 or more health care providers in contracting with carriers for the payments of health care services; provided, that “provider organization” shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, provider networks, accountable care organizations and any other organization that contracts with carriers for payment for health care services.</p>
13.	Proposed Effective Date of the Proposed Material Change	Indicate the effective date of the proposed material change. NOTE: The effective date may not be less than 60 days from the date of the application notice.
14.	Description of the Proposed Material Change	Provide a brief narrative describing the nature and objectives of the proposed material change. Include organizational charts and other supporting materials as necessary to illustrate the proposed change in ownership, governance or operational structure.
15.	Impact of the Proposed Material Change	<p>Provide a brief description of any analysis conducted by the notifying organization as to the anticipated impact of the proposed material change including, but not limited to, the following factors, as applicable:</p> <ul style="list-style-type: none"> • Costs • Prices, including prices of the provider or provider organization involved in the proposed merger, acquisition, affiliation or other proposed material change • Utilization • Health status adjusted total medical expenses • Market Share

		<ul style="list-style-type: none"> • Referral Patterns • Payer Mix • Service Area(s) • Service Line(s) • Service Mix
16.	Future Planned Material Changes	Provide a brief description of the nature, scope and dates of any pending or planned material changes to ownership, governance, or operations within the 12 months following the date of the notice.
17.	Submission to Other State or Federal Agencies	Indicate the date and nature of any other applications, forms, notices or other materials provided to other state for federal agencies relative to the proposed material change, including but not limited to the Department of Public Health (e.g., Determination of Need Application, Notice of Intent to Acquire, Change in Licensure), Massachusetts Attorney General (e.g., notice pursuant to G.L. c. 180, §8A(c)), U.S. Department of Health and Human Services (e.g., Pioneer ACO or Medicare Shared Savings Program application) and Federal Trade Commission/Department of Justice (e.g., Notification and Report Form pursuant to 15 U.S.C. sec. 18a).